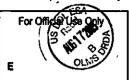
U.S. Department of Labor Office \_\_\_abor-Management **\***tandards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No 1215-0188 Expires 11-30-2006

This report is mandatory under P L 86-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1 File Number U - 19390	2 Fiscal Year Covered From.			
	1 / 1 / 2004 Through 12 / 31 / 2004			
3 Name and address of person filing	4 Name, file number, and address of labor organization			
Name Arthur J Minor, Jr.	Name IBEW Local 309			
	Labor Organization File Number 024-070			
PO Box, Bldg , Room No , if any	P O Box, Building and Room Number, if any			
Street 2000A Mall Street	Street 2000A Mall Street			
City Collinsville	City Collinsville			
State	State   Illinois   ZIP Code + 4   62234-1897			
5 Position in labor organization Assistant Business Manager	บาลีสารเกษา ว่า เกษา			
27 dhaa				
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests  (except as specified in the exclusions set forth in the instructions):  A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent				
6 Name and address of Employer (Including trade name, if any)	7 a Nature of Interest, Transaction, or Income			
Name				
Trade Name, if any	]			
P O Box, Bldg , Room No , if any	7			
Street	7 b Amount			
State ZIP Code +4	1 6 60 % 20 30 30 50 50 50 50 50 50 50 50 50 50 50 50 50			
יין איין מין מין איין איין איין איין איי	2 1 2 + 10 6 5 1, 20 6 2 1, 20 6 2 1 1 1 1 1 2 2 2 2 2 4 2 1 1 2 2 2 2 4 2 1 1 2 2 2 2			
Signature  15 Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)				
Signed The Company of	On 12/26/04 618-345-5112			
্লড়ামেন্ত্ৰ	Date Telephone Number			
Form LM-30 (2003)	Page 1 of 2			

Name of Person Filing Arthur Minor, Jr.		File Number U-		
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name, if any)  Name UMB INVESTMENT ADVISORS  Trade Name, if any  PO. Box, Bldg, Room No, if any  Street DI NORTH HIGH STREET  City BELEVILLE Illinois  State ILLINOIS ZIP Code +4 62320	9 Business deals with.  a Labor Organiza  b Trust  c Employer	tion		
10 if 9 b or 9 c is checked give trust or employer's name	11 a Nature of such deali	ng	· · · · · · · · · · · · · · · · · · ·	
Name LOCAL 3D 9 Health a Washed  Trade Name, if any  PO Box, Bidg, Room No, if any  Street 2000 A MALL STREET	The Market Stranger control of the c	the TICKE		
Sileet AOUS A TIME SILEET	11 b Approximate dollar valu	e of such dealing \$ 15.	5.00	
State Collinguille  State ZIP Code + 4 62234	12 a Nature of interest held	d or income received		
	12.b Amount.			
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value				
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment			
Name				
Trade Name, if any				
P O Box, Bldg , Room No , if any				
Street				
City	İ			
State ZIP Code + 4		· ·		
	14 b Amount of payment	<u></u>		
13 b. Is the Business an Employer or Consultant?		Department of the Control of the Con		

*Name of Person Filing Dale Theis		File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name, if any)  Name MARSHAU Y I IS IN TRUST CO.  Trade Name, if any  PO Box, Bidg, Room No, if any  Street 3993 HOWARD HV6H65 PARKUMY  City LAS VECAS  State NEVADA ZIP Code + 4 2708	9 Business deals with  a Labor Organizat  b Trust  c Employer	tion		
10 If 9 b or 9 c is checked give trust or employer's name  Name Locar 309 Health Warpers  Trade Name, if any  PO Box, Bidg, Room No, if any  Street 2000 A MARY STROGT  City Collings LL  State True In Die Zip Code + 4 63-334	11 a Nature of such deals    PACC   11 b Approximate dollar value 12 a Nature of interest held	T7CK67  Te of such dealing P60,00		
	12 b Amount			
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value				
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)  Name  Trade Name, if any  P O Box, Bldg , Room No , if any  Street  City  State  ZIP Code + 4	14 a Nature of payment.			
13 b is the Business an Employer or Consultant ?	14 b Amount of payment.			